

FCC Form 472

Do not write in this space.

Approval by OMB

3060 - 0856

Universal Service for Schools and LibrariesEstimated Average Burden Hours Per Response: 1.5 hours
(To be completed by schools, libraries, or consortia.)

Please read instructions before completing.

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

BLOCK 1: HEADER INFORMATION

- | | |
|---|----------------------------|
| 1. 471 Billed Entity Applicant Name (30 characters maximum) | Scott County School System |
| 2. 471 Billed Entity Applicant Number (10 digits maximum) | 128350 |
| 3. Service Provider Identification Number (SPIN) (9 digits maximum) | 143011606 |
| 4. Contact Name (30 characters maximum) | Jon Slaughter |
| 5. Contact Telephone Number (14 digits maximum) | 334 279-5405 x5 |
| 6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum) | 11/14/05 - 128350 US |
| 7. Reimbursement Form Date to SLC (mm/dd/yyyy) | 11/14/05 |
| 8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum) | \$239,149.02 |

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Scott County School System 471 Billed Entity Applicant Number 128350 Contact Name Jon Slaughter
 Contact Telephone Number 334 279-5405 x5 Reimbursement Form Number 11/14/05 - 128350 US

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	(10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	(11) Bill Frequency	(12) Customer Billed Date (mm/yyyy)	(13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(14) Total (Undiscounted) Amount for Service (14.2 digits max.)	(15) Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	399037	1090960		7/1/2004		\$265,721.13	\$239,149.02
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$239,149.02

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Applicant Name Scott County School System471 Billed Entity Applicant Number 128350Contact Person Name Jon SlaughterContact Telephone Number 334 279-5405 x5Reimbursement Form Number 11/14/05 - 128350 US**Block 3: Billed Entity Applicant Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required)

11/14/05

18. Printed name of authorized person (required)

Jon Slaughter

19. Title or position of authorized person (required)

Consultant on behalf of Billed Entity

20. Telephone number of authorized person (required)

334 279-5405 x5

21. Address of authorized person (required)

117 Brown Springs Rd. Montgomery, AL 36117

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Scott County School System

471 Billed Entity Applicant Number 128350

Contact Person Name Jon Slaughter

Contact Telephone Number 334 279-5405 x5

Reimbursement Form Number 11/14/05 - 128350 US

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title or position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

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FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046